PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -5 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001942

1. Corporation Name

NVC, Inc

Principal Place of Business	Mailing Address
~~371 E. Strawberry Dr~~ ~~Mill Valley, Ca 94941~~	~~371 E. Strawberry Dr~~ ~~Mill Valley, Ca 94941~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3312 Easter Circle	3312 Easter Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Huntington Beach, Ca	City & State: Huntington Beach, Ca
Zip: 92649 Country: USA	Zip: 92649 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/02/93

5. FEI Number: 68-0302814 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Grant B. Hieshima, MD	3312 Easter Circle ~~Huntington Beach, Ca 92649~~	Huntington Beach/Ca/92649
Vice President	Donna M. Hieshima	3312 Easter Circle	Huntington Beach/Ca/92649
Treasurer	Marvin Cooper	4051 Ellenita	Tarzana/Ca/91356

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REINSTATEMENT

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System Inc
Suite 105
110 North Magnolia Drive
Tallahassee, Fl 32301 US

9. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.
Suite, Apt. #, Etc.
City: Tallahassee State: FL Zip Code: 32301-2609

CR2E068 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Laura R. Dunn, It's Agent Date: 2/18/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Grant B Hieshima, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 Date (562) 592-4101 Daytime Phone #